

MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

521854

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT				AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
1									51				
2		1							52				
3		2							53				
4		2							54				
5		2							55				
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46									96				
47									97				
48									98				
49									99				
50									100				
TOTAL IND.	1		↓		↓		↓		TOTAL IND.		↓		↓
TOTAL DEP.	7		←		←		←		TOTAL DEP.		←		←
TOTAL CLAIMS	8								TOTAL CLAIMS				